STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910857	R **02/21/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSET LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9740 SW 77 TERRACE** **MIAMI, FL 33173**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Change of Ownership revisit survey was conducted on 02/21/2017. Sunset Loving Care (Assisted Living Facility, License #5235) had no deficiencies identified at the time of the survey.